Ozarks Technical Community College
Employee Reimbursement

NAME : _____ DATE _____

COLLEGE ID NUMBER: _____ DEPARTMENT NAME _____

ADDRESS : _____

Account Numbers To Be Charged	

DATE	PLACE FROM	PLACE TO	RET X	MILES	BREAK - FAST	LUNCH	DINNER	LODGING	MISC. ITEM	MISC. AMT	TOTAL
	TOTALS OF ABOVE										
	TOTAL MILES			0	AT	0.525	PER MILE				
	TOTAL REIMBURSABLE EXPENSES										
	LESS CASH ADVANCED (CHECK #										)
	BALANCE DUE YOU										
	BALANCE DUE THE COLLEGE										

DATE	STATE PURPOSE OF TRIP	DATE	STATE PURPOSE OF TRIP

MUST ATTACH ORIGINAL ITEMIZED RECEIPTS.

(BOARD POLICY 6.12)

SIGNED BY : _____

TITLE : _____

DEPARTMENT CHAIR/PROGRAM DIRECTOR/DEAN DATE

APPROVED BY : _____

VICE CHANCELLOR DATE